DREATHENT OF PUBLIC HEALTH AND MELL PAST— Primary Registration Courted No. 304  Printing To Court No. 2   1962  Printing To Court No. 2   1962  Printing To Courte No				VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-018307$
Source   S	, ,			Registration District No. 23 Primary Registration District No. 3011 Registrar's No. 47 STATE FILE NUMBER
Bern 4/59    Common	ON THIS STUB	- AMENI		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before
Condition   Carroll MemorialHosp,   Fage   No.		[A]		
Condition   Carroll MemorialHosp,   Fage   No.	Kev. 4/39		1 1	OR OR
**NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN COUNTRY TO DEATH MAY 24 1962  **NAME OF DECEASED FIRST AND CAPTON AND PART IN CA	V171	₹		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits   d. SIREET ((if cutside, give location)   Rasida on Farn
3 A Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q		DATE		HOSPITAL OR COMMON TO THE PROPERTY AND ADDRESS
5. SEX Male White White Work and for the first of war done for country of the first of the first of war done for country of the first of the				(Type or print) A C DODY office
Male Wildowsky Discreted   2/12/1891 71	4 &			
Adding ment of working life, even if retired)    Parm   Benson, III.   U.S.A.   U.S.A.     13a ARRESTANCE   I.S. MORESTANCE   I.S. MANDEN HAME   I.S. MANDEN HAME     15a Market Make   I.S. Market of Received   I.S. Market of I.S. Market of Received   I	5 9-			Male White Widowed Divorced 2/12/1891 71 Months Days Hours Mile
13. AATREMAKE  14. NAME OF AUSBAND OR WIFE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. MF00MANT  17. MF00MANT  18. CAUSE OF INTERVAL CAUSED BY INSTANCE OF INTERVAL CAUSED BY INTERVA		2		during most of working life, even if retired)
Henry C. Boelsen    Catherine Stimpert   Nellie H. Boelsen		5		TS PMO P
15. WAS DECASED EVER IN U.S. ARMED FORCES?  94/93X  10  10  10  11  11  125-0  13/-0  14  15. CAUSE OF DEATH (Enter only one cause per line part 1. Death Was given are ordered a service per line part 1. Death Was CAUSED BY.  11  125-0  13/-0  14  15. CAUSE OF DEATH (Enter only one cause per line part 1. Death Was CAUSED BY.  16. CAUSE OF DEATH (Enter only one cause per line part 1. Death was CAUSED BY.  172 Industry  18. Condition, if any, which paws line to above cause (a), stating the underlying cause last.  18. CAUSE OF DEATH (Enter only one cause per line)  19. WAS AUTORY  20. CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal bear in part 1 or PART 11 of Item 18.)  19. WAS AUTORY  200. TIME OF How Month, Day, Yest Influence of Injury in PART 1 or PART 11 of Item 18.)  201. TIME OF How Month, Day, Yest Influence of Injury in PART 1 or PART 11 of Item 18.)  202. TIME OF How Month, Day, Yest Influence of Injury in PART 1 or PART 11 of Item 18.)  203. TIME OF How Month, Day, Yest Influence of Injury in PART 1 or PART 11 of Item 18.)  204. Injury OCCURRED WHILE AT WORK Influence of Injury in PART 1 or PART 11 of Item 18.)  205. TIME OF How Month, Day, Yest Influence of Injury in PART 1 or PART 11 of Item 18.)  206. TIME OF How Month, Day, Yest Influence of Injury in PART 1 or PART 11 of Item 18.)  207. TIME OF How Month, Day, Yest Influence of Injury in PART 1 or PART 11 of Item 18.)  208. TIME OF How Month, Day, Yest Injury (e.g., in or about home, 209. CITY, TOWN, OR LOCATION COUNTY STATE  209. SIGNATURE  201. Injury OCCURRED WHILE AT WORK Influence of Injury in PART 1 or PART 11 of Item 18.)  202. Injury OCCURRED WHILE AT WORK Influence of Injury in PART 1 or PART 11 of Item 18.)  203. Injury OCCURRED Was automatically of Injury in PART 1 or PART 11 of Item 18.)  204. Injury OCCURRED Was automatically of Injury in PART 1 or PART 11 or	<del></del>	3		Walle was a
18. CAUSE OF DEATH Enter only one cause per line in the part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  11	ں ہے 8	al I I		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT , Address
NSSET AND DEATH  IMMEDIATE CAUSE (a)  GRUEVAL Circulatory Collapse  To be above cause (a), which gave itse to above cause (b), lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a prepanery in last 700 days.  Conditions, if early, which gave itse to above cause (b), lying cause last.  DUE TO (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a prepanery in last 700 days.  Congastive Leart Failure  19. WAS AUTOFFY 206. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  PART III. Heckende was female was female was female and interest of prepanery in last 700 days.  Congastive Leart Failure  20c. Time of How! Month, Day, Year INJURY (e.g., in or about home, NOT WHILE AT WORK)  NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   20c. PLACE OF INJURY	0./	' I I I	1	Harold A. Boelsen Carrollton Mo.
White a pregnancy in last 90 days.    STATE   Control of the state of the present	1 10	1 1 1	I I	PART 1. DEATH WAS CAUSED BY:
White a pregnancy in last 90 days.    STATE   Control of the state of the present	<del></del>	දි   <sub> </sub>	N/	IMMEDIATE CAUSE (a) COMENSI CINCUISTON COMISTSE 12 HOURS
White a pregnancy in last 90 days.    STATE   Control of the state of the present	<u>_</u>			Sugraphine Duenania
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  Congestive heart facility facility facility for item 18.)  19. WAS AUTOPSY PERFORMED?  YES NO ID  20. ACCIDENT SUICIDE HOMICIDE  20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)  20. TIME OF How Month, Day, Year INJURY (e.g., in or about home, NOT WHILE AT WORK INDUSTY OCCURRED MONTHLE AT WORK INDUSTY.  21. Lattended the deceased from 8-2 - 1961, to Present and last saw monthle and industry in part I or PART II of item 18.)  22. Lattended the deceased from 8-2 - 1961, to Present and last saw monthle and industry in part I or PART II of item 18.)  22. Lattended the deceased from 8-2 - 1961, to Present and last saw monthle and industry in part I or PART II of item 18.)  23. Eighafure Monthle At WORK INDUSTRY (e.g., in or about home, and in the best of my knowledge, from the causes steled.  22. Lattended the deceased from 8-2 - 1961, to Present and last saw monthle and last saw monthle and included in the best of my knowledge, from the causes steled.  22. LOCATION (City, town, or county)  23. Eighafure Monthle At Work Industry Monthle At Mo	1279-40			which gave rise to
NOW WAS AUTOPSY PERFORMED? TEST IN MORE TO THE TOTAL PART II of item 18.)  YES NOW WAS AUTOPSY PERFORMED? TO THE SUICIDE HOMICIDE TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  YES NOW WAS AUTOPSY PERFORMED? TO THE SUICIDE HOMICIDE TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  YES NOW WAS AUTOPSY PERFORMED? THE TOTAL TO THE TOTAL PART II of item 18.)  YES NOW WAS AUTOPSY TO THE TOTAL THE TOTAL PART II of item 18.)  YES NOW WAS AUTOPSY TO THE TOTAL PART II of INCHINATION TO THE TOTAL PART II of INCHINATION TO THE TOTAL PART II OF THE TOTAL PART II OF THE TOTAL PART II OF THE	, , ,	1 1 1	++	stating the under- )
TO STATE    19. WAS AUTOPSY   20a. ACCIDENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.)    19. WAS AUTOPSY   20a. ACCIDENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.)    20. TIME OF   Hour   Month, Day, Year   NOTWINDERD   20c. PLACE OF INJURY (e.g., in or about home, and last saw her immediate on the best of my while AT WORK   NOT WHILE AT WORK   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE      20. TIME OF   Hour   Month, Day, Year   20c. PLACE OF INJURY (e.g., in or about home, and last saw her immediate on the best of my knowledge, from the causes stated.   NOT WHILE AT WORK   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE   20c. NOT WHILE AT WORK   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE   20c. NOT WHILE AT WORK   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE   20c. NOT WHILE AT WORK   20c. NOT WE AND WORK   20c. NAME OF CEMETERY OR CREMATORY   20c. LOCATION (City, town, or county)   (State)   20c. NAME OF CEMETERY OR CREMATORY   20c. NOT WHILE AT WORK   20c. NAME OF CEMETERY OR CREMATORY   20c. NOT WHILE AT WORK   20c. NAME OF CEMETERY OR CREMATORY   20c. NOT WITH A COUNTY   20c. NAME OF CEMETERY OR CREMATORY   20c. NA		5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 disease.
Death occurred at 100 may 26,1962 Oak Hill Cometery 23d. Incarion (City, town, or county)  20d. Injury Occurred by White AT WORK 1 and last saw her place on the causes stated.  21d. I attended the deceased from 8-2 -1961, to Present and last saw her place on the causes stated.  22e. Date Signature (Degree or fille)  22e. Date Signature (State)  22e. Date Reco. By Local Reg. 26. Registrar's Signature (State)  22e. Date Reco. By Local Reg. 26. Registrar's Signature (State)  22e. Date Reco. By Local Reg. 26. Registrar's Signature (State)	2	<u> </u>		
Death occurred at 100 may 26,1962 Oak Hill Cometery 23d. Registrar's Signature Carrollton Mo.  20d. Injury Occurred by Hille AT WORK 1 and last saw her place on the best of my knowledge, from the causes stated.  21. I attended the deceased from 8-2 -1961, to Present and last saw her place on the best of my knowledge, from the causes stated.  22a. SIGNATURE (Degree or fittle) 22b. ADDRESS NO JEHFORSON 5-25-62  23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  Burial may 26,1962 Oak Hill Cometery Carrollton Mo.  G. FUNDERAL DIRECTOR Home, Carrollton, Mo.  G. FUNDERAL DIRECTOR Home, Carrollton, Mo.  STATE  20d. INJURY OCCURRED 20d. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE  21. I attended the deceased from 8-2 -1962  Death occurred at 1000 me and last saw her place on 5-24-1962  22b. ADDRESS NO JEHFORSON 22c. DATE SIGNED STATE SIGNATURE  22c. DATE SIGNED COUNTY STATE  22d. LOCATION (City, town, or county) (State)  23d. CATROLLTON MO.  Carrollton Mo.  Carrollton Mo.  Carrollton Mo.  Carrollton Mo.  Carrollton Mo.  Carrollton Mo.	DAAE!			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Death occurred at 100 may 26,1962 Oak Hill Cometery 23d. Incarion (City, town, or county)  20d. Injury Occurred by White AT WORK 1 and last saw her place on the causes stated.  21d. I attended the deceased from 8-2 -1961, to Present and last saw her place on the causes stated.  22e. Date Signature (Degree or fille)  22e. Date Signature (State)  22e. Date Reco. By Local Reg. 26. Registrar's Signature (State)  22e. Date Reco. By Local Reg. 26. Registrar's Signature (State)  22e. Date Reco. By Local Reg. 26. Registrar's Signature (State)	Z			20c. TIME OF Hour Month, Day, Year
Death occurred at 10'00 A m on the date stated above, and to the best of my knowledge, from the causes stated.    226. SIGNATURE   Death occurred at 10'00 A m on the date stated above, and to the best of my knowledge, from the causes stated.   226. ADDRESS NO JEFFERON S-25-62	່ ≱ ໘  ⁴		1. 1	p.m.
23. Burial, Cremation, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  Burial, Cremation, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  Burial, Cremation, 23b. Date County 23d. Location (City, town, or county) (State)  Carrollton Mo.  Carrollton Mo.  Carrollton Mo.  Carrollton, Mo.				WHILE AT WORK (7) farm, factory, street, office bldg., etc.)
23. BUNIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  BULL Specify may 26, 1962 Oak Hill Cometery Carrollton Mo.  City funeral home, Carrollton, Mo. 5-29-1962 Oak Properties of Carrollton Carrollton, Mo. 5-29-1962 Oak Properties of Carrollton, Mo. 5-29-1962 Oak Propert	<b>₹8</b> ₩			21. I attended the deceased from 8-25-1961, to Present and last saw therefore on 5-24-1962
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236. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  (State)	USI	ᅙ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gioson Funeral Home, Carrollton, Mo. 5-28-1962 Shill Morra hlefo	F	S	<b>↓_ </b>	The state of the s
Gioson Funeral Home, Carrollton, Mo. 5-28-1962 Shill Morra hlefo			FID/	Burial may 26,1962 Oak Hill Cemetery Carrollton Mo.
- I may make the same of the s	-	₩.	Y AF	24 SUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is r	ecorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Ba W. Hibson
StudentSignature of Student Embalmer	Signed
	Licensed Embalmer No. 296/
	P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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